

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL



Transportation Security Administration (TSA):

New

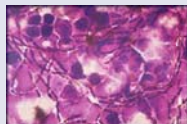
Effective, September 26, 2006 the Transportation Security Administration (TSA) is adjusting its ban on liquids, aerosols and gels. There are two major changes:

- Travelers may now carry through security checkpoints travel-size toiletries (3 ounces or less) that fit comfortably in ONE, QUART-SIZE, clear plastic, zip-top bag.
- After clearing security, travelers can now bring beverages and other items purchased in the secure boarding area on-board aircraft.

Before you fly, you should read the list of other prohibited items. For more information, please visit http://www.tsa.gov/travelers/airtravel/assistant/editorial_1012_shtm.

Anthrax Appraisal 5 Years Later:

New



September 18 marked the five year anniversary of the mailing of the first letter laced with *Bacillus anthracis* in 2001. *Bacillus anthracis* was, and remains, the number one threat on most

lists of bioterrorism agents and it is the only agent for which vaccines and multiple treatments exist. The Center for Biosecurity has detailed a report of progress that has and has not been made in improving the capacity of the US public health and medical systems to respond to an anthrax attack. To read this report, please visit <http://www.upmc-biosecurity.org/bb/index.html>.

How to Add an Emergency Preparedness and Response

RSS Feed: **Updated**

RSS RSS, which stands for *Really Simple Syndication*, is a way to receive automatic updates from the Centers for Disease Control and Prevention right on your desktop or browser. To set up an RSS on your browser, visit <http://www2a.cdc.gov/podcasts/rsshelp.asp>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of September 27, 2006, is 251 cases and 147 deaths.

- On September 26, 2006, an international group of experts that will advise WHO on avian and pandemic influenza issues met for the first time in Geneva, Switzerland. Task force members will advise the WHO on the critical questions of when to raise the pandemic alert level, when to declare a pandemic and how to handle the international response. The panel is called the Ad Hoc Influenza Pandemic Task Force. The task force is a temporary body that will advise the agency until the new International Health Regulations take effect in June 2007. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/sep2606taskforce.html>.
- On September 23, 2006, The US Department of Agriculture announced final test results which confirm that low pathogenic H5N1 avian influenza virus was found in samples collected last month from wild mallard ducks in Pennsylvania. This subtype has been detected several times in wild birds in North America and poses no risk to human health. To read this news release in full, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/09/0375.xml>.
- On September 19, 2006, the Food and Agricultural Organization produced a booklet on global influenza and situation reports from three countries hit by avian influenza – Indonesia, Thailand and Viet-Nam. To download a PDF of this report, please visit http://www.fao.org/ag/againfo/subjects/en/health/diseases-cards/special_avian.html.

Influenza Season: **New**



As part of the flu prevention toolkit, a poster that features “real people, real solutions” has been created. This poster lists healthy habits which include getting vaccinated, cleaning your hands often, covering your mouth and more. Available in Spanish and English, this poster can be downloaded at <http://www.cdc.gov/flu/toolkit/stories/healthyhabits-files.htm>.

- The CDC has created recommendations for using antiviral agents for influenza during the 2006-2007 season. Although annual vaccination is the primary strategy for preventing complications of influenza virus infections, antiviral medications with activity against influenza viruses can be effective for the chemoprophylaxis and treatment of influenza. Four licensed influenza antiviral agents are available in the United States: amantadine, rimantadine, zanamivir and oseltamivir. This recommendation guide discusses a summary of approved antiviral agents, antiviral drug resistant strains, indications for use, dosage, pharmacokinetics, side effects and adverse reactions. For more information, please visit <http://www.cdc.gov/flu/professionals/treatment/>.

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Influenza Research: **New**

- In an article appearing in the journal *Nature*, a comprehensive analysis of an animal's immune response to the 1918 influenza virus is discussed. Key insights have found that the 1918 virus triggers a hyperactive immune response that may contribute to the lethality of the virus. Furthermore, the results suggest that it is the combination of all eight of the 1918 flu virus genes interacting synergistically that accounts for the exceptional virulence of this virus. For more information about this analysis, please visit <http://www3.niaid.nih.gov/news/newsreleases/2006/1918mouse.htm>.
- When combined with an immune-boosting substance called an adjuvant, low doses of an experimental vaccine against a strain of avian influenza (H9N2) provoked a strong antibody response in human volunteers, report scientists supported by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. "The results of this clinical trial add to the growing body of information demonstrating the potential value of adjuvanted avian influenza vaccines," says NIAID Director Anthony S. Fauci, M.D. For more information about this study, please visit <http://www3.niaid.nih.gov/news/newsreleases/2006/MF59.htm>.
- On September 20, 2006, Roche, an international pharmaceutical company, announced that the United States supply chain for stockpiling oseltamivir, used to treat avian influenza and seasonal flu patients, is fully operational. All aspects of this production are now based on US soil. HHS has asked Roche to establish a system that involves US sources for all phases of oseltamivir production, from synthesizing shikimic acid, the starting material, to packaging the medication. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/infllu/panflu/news/sep2006tamiflu.html>.



National Preparedness Month is a nationwide coordinated effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. The US Department of Homeland Security (DHS) is sponsoring National Preparedness Month 2006, which focuses on family emergency preparedness. The goal of National Preparedness Month is to increase public awareness about the importance of preparing for emergencies including natural disasters and potential terrorist attacks and to encourage individuals to take action to prepare themselves and their families. The month provides Americans with a variety of opportunities to learn more about emergency preparedness. Events and activities across the nation are encouraging individuals to prepare an emergency supply kit, make a family emergency plan, be informed about different threats and get involved in preparing their communities. For more information, please visit <http://www.ready.gov/>.

Ottilie W. Lundgren Memorial Field Hospital

Open House- October 21, 2006: **New**



On October 20th, between 7:30 a.m. - 8:30 p.m. and October 21st between 8:30 a.m. and 4:00 p.m., MidState Medical Center and the Department of Public Health (DPH) will host an "open house" showcasing a 25-bed module of the Ottilie W. Lundgren Memorial Field Hospital (MFH).

Planning for the eventuality of a future devastating event is an ongoing process in hospitals and healthcare agencies across the state. Funded with a combination of state and federal money, the MFH is believed to be one of the first non-military MFH in the United States. At its full capacity, the 100-bed MFH can be erected within hours of an emergency situation and includes intensive care, isolation, ambulatory and triage areas outfitted with medical supplies and equipment that can provide immediate emergency/disaster medical care. In the words of Dr. J. Robert Galvin, Commissioner of the state Department of Public Health at the April 2006 MFH dedication, "Ottilie Lundgren represents us all. Naming this hospital in her honor allows us to forever remember Mrs. Lundgren's long life and remain cognizant that her untimely death led to the state's ability to better protect its residents."

Individuals who are currently enrolled or are considering enrolling in the State of Connecticut Emergency Credentialing Program (ECP) are encouraged to attend the open house to learn more about how their participation in the ECP can play a major role in our state's ability to use the MFH as one strategy to increase hospital surge capacity during a large-scale disaster or public health emergency. For more information, contact DPH at (860) 509-7975, email ECP@ynhh.org or follow this link to the open house invitational flyer, <http://www.ynhhs.org/emergency/commu/StofCTflier091906.pdf>. For more information about the ECP, please contact Carol Luddy, RN at (203) 688-3224 or via email at ECP@ynhh.org.

Questions or Comments

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to center@ynhh.org www.yalenehavenhealth.org/emergency

Training and Education: Updated



Introduction to Emergency Management with NIMS (EM 103 w/NIMS) is now available at http://ynhhs.emergencyeducation.org/sign_in_em103nims.asp. This course provides awareness-level emergency preparedness training for the healthcare delivery workforce. Based on the National Incident Management System (NIMS) objectives, EM 103 w/NIMS is designed to assist healthcare workers in understanding their role in providing continuous care for existing patients and additional patients in the event of an emergency or a terrorist event. This course meets the NIMS objectives for IS 100: An Introduction to ICS, IS 700: An Introduction to the National Incident Management System and parts of IS 800: Introduction to the National Response Plan for healthcare delivery organizations as described in the document *NIMS: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.



Introduction to Radiological Response (EM 110) is a 30-minute narrated CD-ROM course which provides the learner with the basic principles of

radiation, definitions of terms commonly encountered in radiological and nuclear incidents, a description of the health risks associated with radioactive material, recommendations for safeguarding personal safety during a radiological or nuclear incident and an outline of the strategies for addressing the psychological impact of radiological and nuclear incidents. This introductory course has been designed for nurses, doctors, radiology technicians, radiation oncologists, radiation safety officers, patient care associates, technical assistants, nuclear medicine workers, EMS workers and mental health professionals. A more advanced radiological preparedness course is under development and will be released later this year. For more information or a copy of the CD-ROM, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.



JCAHO Imposters in Connecticut: New

On September 26, 2006, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) notified the Connecticut Hospital Association (CHA) that a Connecticut hospital recently experienced a JCAHO imposter incident. Specifically, on Thursday afternoon, September 21, 2006, several hospital staff members noticed three individuals in business dress (2 women and 1 male) sitting in a hospital lounge writing on clip boards and displaying an identification badge from the Joint Commission. Staff was surprised to see the Joint Commission in the hospital and asked if they could be of assistance. After their offer was declined, staff went to report JCAHO's presence to the unit manager. Staff returned with the unit manager a few minutes later but the three individuals had left the lounge. Security was notified and the hospital went into lock down. Shortly thereafter, the fire alarm was pulled, which automatically opens selected egress doors. Security searched the hospital, but the imposters were not found. Please notify JCAHO and CHA immediately if you experience any incident with apparent JCAHO imposters.

NIMS Training Approval by the Connecticut Department of Emergency Management and Homeland Security: New

- At the request of the National NIMS Integration Center, Connecticut Department of Emergency Management and Homeland Security is working with YNH-CEPDR in collaboration with the State of Connecticut Department of Public Health to receive approval of courses Introduction to Emergency Management (EM 103 NIMS) and Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 NIMS) as a strategy to meet the NIMS training requirements for all healthcare organizations. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.
- YNH-CEPDR has developed a series of emergency preparedness courses and workshops designed to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises that address topics including triage, personal protective equipment, infection control, risk communications and incident command. The course objectives ensure compliance with NIMS training requirements. These courses may be further adapted to better meet the needs of other healthcare delivery organizations such as home health agencies and skilled nursing facilities. For more information, please contact Lynette Lines at (203) 688-2590 or lynette.lines@ynhh.org.
- YNH-CEPDR is committed to developing and delivering services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community and others.
 - **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
 - **PLANNING:** Emergency management plans and business continuity plans
 - **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
 - **DRILLS and EXERCISES:** Development, facilitation and evaluationFor more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Training and Education: New



Incident Command System
(Photo credit: FEMA)

Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 NIMS) is a 1-hour and 15-minute course which offers an introduction to ICS for healthcare workers and is available at http://ynhhs.emergencyeducation.org/sign_in_em140nims.asp.

This course describes the ways an ICS can provide a consistent approach to command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a healthcare site during an emergency or disaster. EM 140 NIMS

meets the National Incident Management System objectives for IS 200, Basic ICS: IS 700: An Introduction to the National Incident Management System and IS 800: Introduction to the National Response Plan for healthcare delivery organizations as described in the document *National Incident Management System: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Training/Education: Updated



Best Practices for the Protection of Hospital-Based First Receivers (EM 120) is available at http://ynhhs.emergencyeducation.org/sign_in_em120.asp. EM120 is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards include: (1) All employees who work in the emergency department (such as clinicians, housekeeping, security, patient registration, etc.); (2) All employees who are regularly scheduled to be on call for the emergency department; (3) Volunteers and residents assigned to the emergency department; (4) Employees involved in setting up, taking down or maintaining decontamination facilities, regardless of their primary job role and location; (5) Nursing leadership who function as potential nursing administrators on call; (6) All members of the hospital decontamination team. This course is a prerequisite to a series of operations-level courses currently under development.

The operations-level decontamination course will also align with OSHA operations-level competencies and will be a prerequisite to a practical session designed for employees involved in setting up, taking down or maintaining decontamination facilities and for employees responsible for performing decontamination procedures. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

- Frontline staff may not recognize victims of a bioterrorism attack, drills are unlikely to improve their knowledge much, and even staff who suspect exposure to a bioterrorism agent may not notify all the required authorities, according to a study in the August 2006 *Annals of Emergency Medicine*. Mock patients with signs of anthrax exposure were sent to the emergency departments (EDs) of 23 general hospitals in Israel. While 21 of the EDs admitted the patient, only 14 suspected anthrax exposure, and only 10 completely followed their protocols to notify hospital officials, infectious disease specialists, infection control practitioners and local public health institutions. Such notification is necessary to perform an epidemiologic investigation and rapidly contain an outbreak. Questionnaires given to ED physicians found a low level of knowledge about anthrax, with the average score rising from 54.5% before the drill to 59.3% after the drill. For this reason, it is important to take **Bioterrorism Preparedness for Clinicians (EM 201)**. EM 201 is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. This course is available at <http://ynhhs.emergencyeducation.org>. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available at http://ynhhs.emergencyeducation.org/sign_in_em230.asp. This 50-minute course trains health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and incorporates brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
10.10.06	8:30 a.m. to 9:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association
10.19.06 & 10.20.06	7:00 a.m. to 6:00 p.m.	JCR/OSHA/Red Cross 2 nd Annual Emergency Preparedness Conference: Disaster Readiness on the Home Front	More information is available at http://www.jcrinc.com/education.asp?durki=11641

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
9.29.06	2:00 p.m. to 3:00 p.m. EST	Sponsored by the Public Health Grand Rounds Pandemic Flu Preparedness: What Every Community Should Know - satellite broadcast	To register and for more information, please visit http://www.publichealthgrandrounds.unc.edu/pandemic/index.htm

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